

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="13611"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="ROBERT"/> <input type="text" value="BROWN"/> P.O. Box, Bldg., Room No., if any <input type="text" value="22"/> Street <input type="text" value="DAWNHAVEN DR"/> City <input type="text" value="ROCHESTER"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="14624"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="LABORERS AFL-CIO LOCAL UNION 435"/> Labor Organization File Number <input type="text" value="027-498"/> P.O. Box, Building and Room Number, if any <input type="text" value="20"/> Street <input type="text" value="FOURTH ST"/> City <input type="text" value="ROCHESTER"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="14609"/>
5. Position in labor organization. <input type="text" value="PRESIDENT"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Brown

On

05-08-06

Date

585-454-5800

Telephone Number

Name of Person Filing ROBERT BROWN	File Number U- 13611
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>20</u></p> <p>Street <u>FOURTH ST</u></p> <p>City <u>ROCHESTER</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>14609</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px;"><p>LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.</p></div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"><p>3/8-3/9 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING.</p></div> <p>12.b. Amount. <u>\$671</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u> </u></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS TRI FUND CONFERENCE IN SARATOGA, NY.

12.b. Amount.

\$774

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO SEGAL ADVISORS CONFERENCE IN CARLSBAD, CA

12.b. Amount.

\$5,267

Name of Person Filing ROBERT BROWN	File Number U- 13611
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 20</p> <p>Street FOURTH ST</p> <p>City ROCHESTER</p> <p>State New York ZIP Code + 4 14609</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>6/6-6/7 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY TRAINING & APPRENTICE MEETING IN ALBANY, NY.</p> <hr/> <p>12.b. Amount. \$489</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2/14-2/17 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO MINORITY AFFAIRS COUNCIL MEETING IN FLORIDA.

12.b. Amount.

\$2,231

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO LABORERS WELFARE FUND MEETING IN SKANEATELES, NY

12.b. Amount.

\$1,488

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>ROCHESTER LABORERS TRAIN'G & APPRENTICE FUND</u></p> <p>Trade Name, if any: <u> </u></p> <p>P.O. Box, Bldg., Room No., if any <u>20</u></p> <p>Street <u>FOURTH ST</u></p> <p>City <u>ROCHESTER</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>14609</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u> </u></p> <p>Trade Name, if any: <u> </u></p> <p>P.O. Box, Bldg., Room No., if any <u> </u></p> <p>Street <u> </u></p> <p>City <u> </u></p> <p>State <u> </u> ZIP Code + 4 <u> </u></p>	<p>11.a. Nature of such dealing.</p> <p>LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>8/3-8/4 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO UPSTATE LABORERS TRAINING AND APPRENTICE MEETING IN ALEXADRIA BAY, NY</p>
	<p>12.b. Amount. \$539</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2/28-3/1 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO ROADWAY CONSTRUCTION CONFERENCE IN ALBANY, NY

12.b. Amount.

\$659

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>ROCHESTER LABORERS WELFARE FUND</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>20</u> Street <u>FOURTH ST</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14609</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	11.a. Nature of such dealing. <u>ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.</u> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <u>11/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO INTERNATIONAL FOUNDATION CONFERENCE IN HAWAII.</u> 12.b. Amount. <u>\$6,751</u>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

9/05 REIMBURSEMENT OF EXPENSES AND PER DIEM FOR TRAVEL TO THE AMERICAN ALLIANCE CONFERENCE IN LAS VEGAS, NV.

12.b. Amount.

\$5,877

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MANNING & NAPIER

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 290

Street WOODCLIFF DR

City FAIRPORT

State New York

ZIP Code + 4 14450

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROCHESTER LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20

Street FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

11.a. Nature of such dealing.

MANNING & NAPIER MANAGES THE FUNDS OF THE ROCHESTER LABORERS WELFARE FUND.

11.b. Approximate dollar value of such dealing.

\$476,000

12.a. Nature of interest held or income received.

PROVISION OF VARIOUS INCIDENTAL ITEMS INCLUDING, HOLIDAY MEAL, REFRESHMENTS, AND PROVISION OF DINNER AT TWO TRUSTEES MEETINGS.

12.b. Amount.

\$176